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## CALIFORNIA PHYSICIANS' SERVICE\*

HON. GEORGE E. OUTLAND  
*Santa Barbara*

MR. OUTLAND. Mr. Speaker, every Member of Congress has been deluged with communications relative to S. 1161, the Wagner-Murray-Dingell bill. It seems to me that thus far there has been a maximum of heat and a minimum of light shed on this whole problem of providing better medical care for the great mass of the American people. It is certainly true that there are segments of our population, especially in the middle-income brackets, and in rural areas, that do not have adequate medical and hospital care even in peacetime. Taking steps to provide such care is an important challenge to the American people and especially to the medical profession itself. Unfortunately, many well-meaning individuals who have seen this problem have advocated cures that do not consider some of the other elements in the situation. To me it is tremendously important to preserve the professional

standards and practices in the field of medicine, standards and practices which have been built up over a great many years. Moreover, any comprehensive program for medical improvement should be carried out with the active coöperation of the medical profession; it should not be something which is forcibly imposed upon them by legislative dictation. I am optimistic enough to believe that the great majority of American doctors are fully cognizant of the problem and that they are more than willing, yes, anxious to help solve it. Unfortunately, a few short-sighted ones have sometimes given a different impression. In harmony with this belief, I am further of the opinion that the leaders of the medical profession throughout the country should now be taking active steps to put forward a positive program of their own, a program that frankly acknowledges the difficulties to be met and as frankly sets forth, step by step, ways and means of meeting these problems that are in harmony with sound medical ethics.

In California we have been watching with a great deal of interest the development of a plan sponsored by the doctors themselves for the spreading of the cost of illness. We see in that plan a nucleus of a sound, fundamental method of allowing the middle-income worker to insure himself against the expenses of ill-health through an organization which the doctors themselves operate, which is organized not for profit, and which enables the common man to enjoy the best possible medical care at a fixed rate which he can prepay on a monthly basis.

I am referring to California Physicians' Service, which was established in the fall of 1939 and which has gradually been getting its feet on the ground since that time.

There are numerous such plans in many States and countries, plans which are operated by the doctors themselves through their local or State medical associations. We all know that none of these plans is perfect, that all of them have some drawbacks. They are not ideal, but they most certainly show the desire and the determination of many of the leaders of the medical profession to extend their services to the ordinary working man on a basis which he can afford. California Physicians' Service is such a plan and one which many people in California believe to be the best of the various plans already offered because it gives to its members probably the broadest coverage of any of the professional plans so far developed.

MR. POULSON. Will the gentleman yield?

MR. OUTLAND: I yield.

MR. POULSON: I want to compliment my colleague from California, because we in California fully realize that the doctors there do realize the necessity for something to meet the need of proper medical care for low-income groups, and the idea which the gentleman undoubtedly is going to develop, and about which the gentleman is informing the Congress is a substitute which is a practical one for socialized medicine. The California Physicians' Service has been successful

\* Speech of Hon. George E. Outland, Congressman from the 11th California District, in the House of Representatives, March 20, 1944.

and will not destroy professional standards, nor will it destroy the one thing which is called the personal ability of the doctor, by regimenting him or discouraging any development of medical science. I think the gentleman should be complimented for bringing to the attention of the Congress a system which is definitely proving successful.

MR. OUTLAND. I thank the gentleman. In many respects he has anticipated some of the points I was going to make.

MR. HOLIFIELD. Will the gentleman yield?

MR. OUTLAND. I yield to my distinguished friend from California.

MR. HOLIFIELD. I, too, wish to compliment my colleague from California on his presentation of this service, which no doubt is not available in many of the States of our Nation. I feel that insofar as possible the doctors of California are trying to work out this problem that faces them both as to their profession and as to the needs of the people in the low-income groups in California. Furthermore, they are working it out in such an equitable way that it will not be a detriment to the professional standards and personal relationship between the private physician and his patient.

MR. OUTLAND. The gentleman is correct. In other words, the plan, as it is being developed by the physicians in our State, is simply trying to accomplish two things at the same time. One, to take a great step forward in providing better medical care for the large masses of our people, and, second, to take that step in harmony with the best practices and traditions of the medical profession.

MR. ROLPH. Mr. Speaker, will the gentleman yield?

MR. OUTLAND. I yield.

MR. ROLPH. I want to join with my colleagues from California in complimenting the gentleman on his very splendid address. The medical profession in San Francisco will be very much interested to hear about this praise of their efforts, and to learn of this discussion which the gentleman is bringing forth. I have received many communications from San Francisco expressing great interest in this question, and I think the gentleman is performing a splendid service in bringing it definitely before the Congress at this time.

MR. OUTLAND. I thank the gentleman for his contribution.

If we look for a moment at what California Physicians' Service has already accomplished and at what has similarly been accomplished by similar plans in other States, we can readily see that the doctors have gone a long way in experimenting in the provision of high-grade medical care through prepayment plans. We can see a definite program for providing medical care for the great moderate-income group of our citizens and providing it on a budget basis which falls well within the means of this group. Further, we see a plan under which the type of medical care provided is

the best that the medical profession has to offer to its patients, rich or poor.

No longer are the rich man and the extremely poor man the only ones who can receive the services of the best-qualified specialists. The school teacher, the policeman, the clerk, the truck driver, or any employed person in the same income group is allowed to choose his own doctor from a State-wide panel which includes the best medical practitioners in California. Once the employed person is a member of California Physicians' Service he has only to name his own doctor from more than 5,000 members and to go to that doctor for treatment when he needs it.

There have been criticisms voiced in various quarters that this plan and similar ones are caring for only a limited number of people and that the great bulk of the moderate-income workers of the country are not similarly provided for. It is true that the progress of California Physicians' Service has been relatively slow. And it is also true that only a small percentage of the employed persons in California are today covered by the California Physicians' Service program. But it is a step in the right direction—a big step.

On the other hand, let us look for a moment at the obstacles which the physicians of California had to overcome in bringing their service plan to its present stage of development. First of all, let us not lose sight of the fact that this has been a pioneer movement. There have been no statistics, no actuarial data, for the physicians to rely upon. There has been no experience of earlier programs to furnish a guide to the doctors of California. Each step has had to be taken on the best possible estimate of the consequences. When a full coverage medical-care service was offered to employed persons who knew how many of those enrolled in the plan would visit the doctor each month and require service? Would it be 10 out of every 100, or would it be 50? No one had the answer to that question. No one had ever been offered such a service.

That and hundreds of similar questions have had to be answered by California Physicians' Service on the basis of their own experience in the last 4 years. It is no more than natural that the answers to these questions are evolving slowly. Meanwhile, the doctors who are members of the service are paying the cost of this experimentation. In my opinion, we cannot blame these doctors if they are reluctant to extend their experiments beyond reasonable financial bounds until such a time as they may be more certain of the ultimate effects of their program.

The doctors of California do not have unlimited resources, and they must necessarily proceed carefully in order not to bankrupt themselves. An error of a few cents a month in dues charged the individual subscribers can result in the loss of millions of dollars in the aggregate. As it is, the earlier experimental stages of California Physicians' Service have already cost the doctors of California more than \$1,350,000 in reduced fees for service. When the income for the service was insufficient to pay for medical bills,

the doctors voluntarily took half pay so that the plan could survive and grow. They have done this as a means of developing a program which will serve the citizens of California and which may well be used for the service of the citizens of any and all States.

MR. JUDD. Will the gentleman yield?

MR. OUTLAND. I yield to the gentleman, who is himself a distinguished member of the medical profession.

MR. JUDD. I want to commend the gentleman for bringing this matter before Congress. I want to commend the doctors of his State for approaching the problem in such a practical way. There are very few physicians who are at all progressive, who will deny that there is maldistribution of medical care. We have two problems. One, the best grade of medical care; and second, the more equitable distribution to the people, not on the basis of where the money is greatest, but on the basis of where the need is greatest. The easiest way to solve the problem is to run to Washington and get a blueprint that will answer the question. I am convinced that this is like a pilot plant in a new industry. The doctors in your State are blazing the trail by sitting down and taking the losses, if necessary, and planning on the basis of trial and error, a program that will preserve the splendid things in the American system of medical practice, which has given a majority of the people better medical care than any other system in the world, and yet will permit them the growth necessary to meet modern urban civilization and modern industrial civilization. I think all the doctors in the country, as well as the common people, are watching with great interest this experiment in California, and those in other States, including my own State, are learning from it. My own State led the Nation. It tried a whole series of programs or plans. A few counties here, a few counties there tried another plan, and another few counties tried a third plan. I think this one that has been worked out in California and another one in Michigan have been more satisfactory. I appreciate the gentleman's interest in this subject, which is very close to my heart.

MR. OUTLAND. I thank the gentleman very much. The subject is one that is very close to me personally, as well as being one of the greatest importance to the people of our own State. I thank the gentleman on behalf of our California doctors for his complimentary remarks. I know they are well deserved.

These contributions by the doctors are still mounting, month by month. In my opinion, the doctors of California are doing a noteworthy piece of work in developing a comprehensive program of medical care which is saving the American public millions of dollars in experimental costs.

With the background of information already gained by California Physicians' Service and by similar plans in other States, it is evident that we

may look forward to a much more widespread development of health insurance in the near future. It is certain also that when a final plan is fully worked out it will contain the necessary physician-patient relationship, without the interference of an intermediary third party. This is true today of California Physicians' Service.

We all know how the cost of medical care has been placed on a budget basis by the hospitals. By grouping themselves together and forming non-profit insurance companies, the hospitals have been able to offer the public a prepayment plan for meeting hospital costs. Today there are hundreds of plans in operation throughout the country, under the banner of the Blue Cross and similar national organizations. They offer hospital service in any one of thousands of member hospitals, here or anywhere in the world, at a cost to the subscriber of from 60 to 90 cents a month. Here is a budget plan which has been worked out by the medical and hospital groups themselves and which today is a going business, serving more than 12,000,000 subscribers in every State in the Union.

These hospital plans point the way to a further development of medical-care plans. The doctors of the country have been intimately associated with the growth of the hospital plans, and in many cases the doctors have joined forces with the hospitals in providing both hospital and medical care for subscribers.

In California there has been another development which is worthy of note. We have seen California Physicians' Service make contracts with the Federal Government for the care of thousands of persons who are, directly or indirectly, charges of the Government. The first development of this type was among the low-income farm families and were borrowers from the Farm Security Administration. California Physicians' Service provided a plan whereby these farm families could obtain, at a nominal monthly cost, a complete medical and hospital care service. This service has been acknowledged as having maintained the health of these farm families at such a high level that vital farm production has been continued practically without interruption by illness.

More recently California Physicians' Service has entered into contracts with Government housing authorities in half a dozen California cities. In these war-disrupted areas, this service has established medical centers where early and complete diagnosis of illness has been possible and where the resident families have been able to obtain medical care which otherwise would have been denied them because of the boom-town nature of the communities. More than 50,000 of our essential war workers are today being provided with the best medical care under this program. The war workers are happy about it; the doctors are cooperating in it; the Nation's war effort is being well served by it.\*

\* Ed. Note.—Congressman Outland's article is concluded on page 230. (In right-hand column, immediately above the department of "Medical Jurisprudence.")

C. M. Jones begin careful study on variations in pain-perceptions and pain-reactions in average humans (*J. Clin. Invest.*, 23:81, 1944). T. S. Danowski suggests use of thiourea as a measure of change in body water (*J. Biol. Chem.*, 152:207, 1944). G. H. Bourne shows ascorbic acid necessary for usual phosphatase activity and bone deposition (*J. Physiol.*, 102:319, Dec. 31, 1943). M. Vogt in studying cortical hormone output finds rapid inactivation (*Ibid.*, p. 356). P. E. Steiner & Co. report a toxic factor in tissues of cases of nonspecific ulcerative colitis (*Proc. Soc. Exp. Biol. Med.*, 55:8, 1944). G. Decherd, A. Ruskin and G. Herrmann describe momentary atrial electrical axes in paroxysmal tachycardia (*Ibid.*, p. 17). A. J. Salle and H. L. Guest find increased efficiency of phenolic germicides on adding ferrous and ferric salts to produce redox systems (*Ibid.*, p. 26). M. G. Goldner and G. Gomori say that alloxan causes diabetes by direct injury to beta cells (*Ibid.*, p. 73). W. Modell and S. Krop find that in terms of effective mercury, nonionizable organic mercurials are not less toxic than mercury bichloride (*Ibid.*, p. 80). And H. S. Burr discusses the effect of the moon on tree growth (*Yale J. Biol. Med.*, 16:249, 1944).

**Popular Medical Lectures by Stanford University School of Medicine.**—The Stanford University School of Medicine announces the sixty-second course of Popular Medical Lectures (illustrated). Lectures will be given at Lane Hall, North Side of Sacramento Street, near Webster, on Friday evenings: March 17; March 31; April 14; and April 28, 1944; eight o'clock sharp. All interested are cordially invited to attend.

Program follows: Friday evening, March 17, 1944, "*Treatment of Infantile Paralysis*," William H. Northway, M. D.

Friday evening, March 31, 1944, "*Caudal Anesthesia in Obstetrics*," Albert V. Pettit, M. D.

Friday evening, April 14, 1944, "*Nutrition: One Factor in the Health Program*," Nina Simmonds, Sc.D.

Friday evening, April 28, 1944, "*Psychological Types and Marriage*," Horace Gray, M. D.

**Maternity Pediatric (E.M.I.C.) Care Given 11,571 Californians.**—A total of 11,571 maternity and pediatric cases have been cared for in California under the Emergency Maternity and Infant Care Program, the Children's Bureau announced recently.

Only New York and Illinois have had more cases than California.

The total extends through the month of January. More than 2200 cases were reported in both December and January.

**The Size of "California and Western Medicine" Reduced: Governmental Directive.**—Commencing on January 1, 1944, it has been necessary to reduce the number of pages in CALIFORNIA AND WESTERN MEDICINE by 10 per cent. The governmental directive applies to all publications, and has been issued in order to conserve paper. The saving has been accomplished by reduction in number of pages in both the text and the advertising divisions. Hereafter some of the rosters which have appeared in every issue of CALIFORNIA AND WESTERN MEDICINE will have place only on alternate months.

**Penicillin Plant For Berkeley.**—A \$600,000 plant for producing penicillin, the new "miracle drug," will be in operation by November 1, in Berkeley, it was recently announced by Charles Twining, vice-president of the Cutter Laboratories.

Sixty scientists will be on the staff, Twining said, once the plant is in operation.

The building, first penicillin producing plant on the

coast, will be constructed adjoining the company's Berkeley laboratories at Fourth and Parker Streets as the result of a contract granted by the Defense Plant Corporation, a subsidiary of the Reconstruction Finance Corporation. Ground already has been broken for the plant, which will be 220 by 60 feet.

**American Public Health Association.**—The Executive Board of the American Public Health Association announces the Second Wartime Public Health Conference and the 73rd Annual Business Meeting in New York City, October 3, 4, and 5, 1944. Meetings of related organizations will take place on Monday, October 2. Headquarters will be the Hotel Pennsylvania. The scientific program will be devoted to wartime emergency matters as they affect public health. The Chairman of the Local Committee in Charge of Arrangements is New York City's Health Commissioner, Ernest L. Stebbins.

## CALIFORNIA PHYSICIANS' SERVICE\*

(Continued from Page 211)

It will be noticed that I have not mentioned the Wagner-Murray-Dingell bill. I have purposely refrained from going into that piece of legislation at this time. I have no doubt that after hearings have been held there will be ample opportunity for discussion in both Houses. In the meantime, I have tried to bring out some of the advantages of what to me is one of the longest steps forward in the direction of achieving what we all desire—better medical care for the American people.

It so happens that I was a member of the California Physicians' Service for a considerable period of time. I have had intimate knowledge of its operations and have seen what it has accomplished for many of its beneficiary members. On the basis of my knowledge of this organization and with confidence in the integrity and leadership of the medical profession of this country, I believe that the doctors of this land should lead the way in providing prepaid medical care for our citizens. (Ed. Notes. See also pp. 191 and 227.)

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## MEDICAL JURISPRUDENCE†

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### Autopsy Permits

It is generally the law that where an autopsy is performed without the consent of those who have the right to control the disposition of the corpse, the person performing the autopsy or the one responsible for its performance is liable in damages. There are a great number of cases where this liability has been enforced. In *Woods v. Graham*, 140 Minn. 16, it was held in an action to recover damages for an autopsy performed on the body of a corpse, without first obtaining consent of the next of kin, that it was no defense that the defendant, as attending physician, was

\* For press association dispatch from Washington on Congressman Outland's speech, see on page 230.

† Editor's Note.—The department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.